NORTH CAROLINA CENTRAL UNIVERSITY

OFFICE OF SCHOLARSHIPS AND STUDENT AID

CONSENT TO DISCLOSE FINANCIAL AID RECORD

PURPOSE

A completed consent to disclose form must be on file in the Office of Scholarships and Student Aid in order for someone other than the student to receive detailed information regarding a student's record. In an effort to serve you better while protecting your privacy, please fill out this form detailing who is allowed to inquire and receive information regarding your financial aid record at North Carolina Central University. The information on this form will remain in effect during your matriculation at North Carolina Central University and can be changed or updated (by the student) at any time in the Office of Scholarships and Student Aid.

IMPORTANT

I, (student name) _____, am/was a student at North Carolina Central University. I hereby give my voluntary consent to officials of North Carolina Central University to disclose the details of my financial aid record to the following individuals.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I understand that my financial aid record at North Carolina Central University is in my name and all information within the record (including parent data) cannot be released by the Office of Scholarships to anyone other than me and the individual(s) listed above without my written consent.

STUDENT INFORMATION

Name: _____ Banner ID# _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Daytime: _____ Evening: _____

NCCU Email Address: _____

Alternate Email Address: _____

By signing below, I attest that I am a current or former student of North Carolina Central University and I have provided the name(s) and contact information above truthfully and accurately.

Signature (student/former student): _____ Date: _____

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